

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00486845       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Global Strategy Group, LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 215 Park Avenue South 15th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">48375.00</div>	
City New York	State NY	Zip Code 10003-1612	<b>Transaction ID : E48D747B1D228407DB07</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 21 / 2016</div> </div>	
Purpose of Expenditure Polling		Category/ Type		
Name of Federal Candidate Ron Johnson			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">497713.49</div>	
Office Sought:			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>League of Conservation Voters, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 07 / 25 / 2016</div> </div>	
Mailing Address 1920 L St NW Ste 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">54.48</div>	
City Washington	State DC	Zip Code 20036-5045	<b>Transaction ID : EC486C5DB512C4AB684E</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>	
Purpose of Expenditure Staff Time for Press Release		Category/ Type		
Name of Federal Candidate Ron Johnson			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">497713.49</div>	
Office Sought:			<input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">48429.48</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Patrick Collins*
*[Electronically Filed]*

Date

MM / DD / YYYY  
07 / 26 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00486845
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2016</b>	
Mailing Address <b>1054 31st St NW</b> <b>Ste 430</b>			Amount <b>13233.08</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>E6EA30C0857774A06A5D</b>	
Purpose of Expenditure <b>TV Ad Production Costs</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Ron Johnson</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>497713.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2016</b>	
Mailing Address <b>3050 K St NW</b> <b>Ste 100</b>			Amount <b>4894.24</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-5161</b>	Transaction ID : <b>EFE06012199EF4CEF979</b>	
Purpose of Expenditure <b>Facebook Ad Buy</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2016</b>	
Name of Federal Candidate <b>Sen. Russ D. Feingold</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>497713.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>18127.32</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

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Patrick Collins

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00486845	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>10105.00</b>		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : <b>E16A4B2E5A441441DA31</b>		
Purpose of Expenditure Digital Ad Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2016</b>		
Name of Federal Candidate Sen. Russ D. Feingold		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <b>497713.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 25 / 2016</b>		
Mailing Address 3050 K St NW Ste 100			Amount <b>414410.28</b>		
City Washington	State DC	Zip Code 20007-5161	Transaction ID : <b>E3B5E73B5449C4E7AA43</b>		
Purpose of Expenditure TV Ad Buy		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 22 / 2016</b>		
Name of Federal Candidate Ron Johnson		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <b>497713.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>424515.28</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>LCV Victory Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> <b>C00486845</b>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralston Lapp Media</b>		Date of Public Distribution/Dissemination <b>07 / 25 / 2016</b>	
Mailing Address <b>1054 31st St NW</b> <b>Ste 430</b>		Amount <b>6555.46</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>E34BE3D7BF40441B1951</b>
Purpose of Expenditure <b>Digital Ad Production Costs</b>		Category/Type	Date of Disbursement or Obligation
Name of Federal Candidate <b>Sen. Russ D. Feingold</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>497713.49</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>6555.46</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>497627.54</b>

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